

STATE FISCAL YEAR 2006

**New Jersey Department of Environmental Protection
Office of Quality Assurance****APPLICATION FOR CERTIFICATION OF ENVIRONMENTAL MEASUREMENTS*****PART I***
ADMINISTRATIVE INFORMATION

1. Check one box for the type of application request:

☐ Initial
☐ Modification New Jersey ID# _____
☐ Renewal New Jersey ID# _____

2. Check the applicable box for the type of application request:

☐ Environmental Laboratory Certification Program (ELCP)

☐ National Environmental Laboratory Accreditation Program (NELAP)
 ☐ Primary Accreditation
 ☐ Secondary Accreditation (If checked, name the Primary Accrediting Authority and submit the Primary State's Certificate and Scope of Accreditation Analyte List with this package-Code Part III appropriately- refer to the instructions)

3. Name of Laboratory or Facility (As it should appear on the Certificate- maximum of 45 characters):

4. Mailing Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Telephone #: (_____) _____

Facsimile #: (_____) _____

5. Physical address of laboratory (if different from above):

City: _____ State: _____ County: _____ Zip Code: _____

6. Name of Contact Person _____

Telephone # (_____) _____

E-mail address: _____

7. Days and Hours of Operation: _____

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8. Responsible Entity Address:

City: _____ State: _____ Zip Code: _____

STATE FISCAL YEAR 2006**9. Check the applicable code below that applies to your laboratory, environmental firm or company:**

<u>SIC Code</u>	<u>Description</u>	<u>SIC Code</u>	<u>Description</u>
___3900	Miscellaneous Manufacturing Industry	___8734	Commercial Testing Laboratories
___4940	Water Supply (Drinking Water)	___9199	Federal Government including Military
___4952	Sewerage Systems	___9431	Administration of Public Health Programs
___8060	Hospital or Health-Care Facility	___9511	Air & Water Resources & Solid Waste Mgt
___8220	Colleges and Universities	___9994	Mobile Laboratory
___8711	Engineering Services	_____	Other (include SIC code)

10. Check the applicable box that applies to your laboratory, environmental firm or company.

- ☐ Commercial - willing to perform work for the general public.
- ☐ Non-Commercial - not willing to perform work for the general public.

11. CERTIFICATION BY APPLICANT

The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the New Jersey Department of Environmental Protection's rules, N.J.A.C. 7:18 Regulations Governing the Certification of Laboratories and Environmental Measurements and NELAC Standards where applicable and is subjected to the enforcement and penalty provisions provided therein.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of a fine or imprisonment or both, for submitting false, inaccurate, or incomplete information. (N.J.A.C. 7:18-1.9)

Print Name of Applicant Laboratory (Legal Name)

Certification ID# (if issued)

Signature of Manager or Lead Technical Director Date

Print Name of Manager or Lead Technical Director

Signature of Quality Assurance Officer Date

Print Name of Quality Assurance Officer

IMPORTANT - Review your package and mark with an "X" the following items that are included:

- ___ Part I Completed, signed and dated.
- ___ Part II See instructions.
- ___ Part III See instructions.
- ___ NELAP Primary State's Certificate & Scope of Accreditation Analyte List.
- ___ Fee Initial or Modification Fee: Mail to OQA.
 Renewal Fee: Mail to NJ Dept of Treasury (include bottom portion of the invoice)
- ___ Discrepancy Form -- Renewal application only

Send your completed application with the necessary supporting documentation to the following address:

New Jersey Department of Environmental Protection
Office of Quality Assurance

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P.O. Box 424, 9 Ewing Street
Trenton, NJ 08625-0424

Inquires: Phone (609) 292-3950